STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: **Raza Adult Residential Care Home – Expanded Care**	**CHAPTER 100.1**
Address: **61 Kehaulani Street, Hilo, Hawaii 96720**	**Inspection Date: June 21, 2021 – Annual**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (a)(7) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS. The primary care giver shall not have activities outside of the ARCH or expanded ARCH, or other responsibilities sufficiently demanding of his/her time and energy that they would interfere with the proper and adequate care of the residents; **FINDINGS** Primary care giver (PCG) indicated she needed to leave the ARCH to be at a "staff meeting" at 11:00 a.m. PCG left the home at 10:40 a.m. leaving one (1) substitute care giver (SCG) alone with five (5) residents, two (2) of which were non self-preserving.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - Substitute caregiver was Sched to come @ 10:30 AM - PCG called ~~sub~~ SCG. could not get in touch w her. She arrived @ 11:30 AM. PCG hired additional 2 caregivers - as on call	9/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (a)(7) No person, group of persons, or entity shall operate an ARCH or expanded ARCH without a license previously obtained under and in compliance with this chapter and chapter 321, HRS. The primary care giver shall not have activities outside of the ARCH or expanded ARCH, or other responsibilities sufficiently demanding of his/her time and energy that they would interfere with the proper and adequate care of the residents; **FINDINGS** Primary care giver (PCG) indicated she needed to leave the ARCH to be at a "staff meeting" at 11:00 a.m. PCG left the home at 10:40 a.m. leaving one (1) substitute care giver (SCG) alone with five (5) residents, two (2) of which were non self-preserving.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make schedule biweekly to ensure enough staffing w/ coverage. & have one alternate/ on call to cover if staff unable to make it.	6/14/14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #1 – no current physical examination. Please submit documentation with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 Physical was done 6/9/21. See Attached.	6/21/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** SCG #1 – no current physical examination. Please submit documentation with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - In the future, I will review my substitute caregiver clearance/forms as soon as they gave/ submitted the form. Names, date a signed by the Provider /PCP. before filling in my. Folder.	9/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – no current tuberculosis (TB) skin test. Please submit documentation with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 was taken off the sched. until his TB test is completed	6/22/21

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #1 – no current tuberculosis (TB) skin test. Please submit documentation with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will use/make a checklist per pcca/scg requirment such as: physical, TB test, CPR/FA. & dates of renewal. I will check/monitor monthly so expiration date or dates to be renewed will not be missed.	6/21/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 – no two (2) step TB skin test. (one TB skin test completed 08-19-20). Please submit documentation with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #2 completed 2 step. PPD on 8/25/21	9/24/21

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☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 – no two (2) step TB skin test. (one TB skin test completed 08-19-20). Please submit documentation with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - In the future, I will use my "Caregiver Requirement checklist" to ensure all requirements are completed before starting to work.	9/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** PCG and SCG #1, #2, #3, #4 and #5, attended online cardiopulmonary resuscitation (CPR). Please attend and complete training in-person and submit documentation of completion with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** all caregivers attended CPR training in person on 6/21, 6/22, 6/23 See attached	6/23/24

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☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** PCG and SCG #1, #2, #3, #4 and #5, attended online cardiopulmonary resuscitation (CPR). Please attend and complete training in-person and submit documentation of completion with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, all caregivers will attend in person cpr training. when caregiver give me renewal card, I will check to make sure they attended in person cpr training	9/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. **FINDINGS** Resident #1 – the following medications were not initialed as administered on the June 2020 and January 2021 medication record: • "Thick-it" nectar thick consistency • "Ensure 1 bottle every meal"	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified. **FINDINGS** Resident #1 – the following medications were not initialed as administered on the June 2020 and January 2021 medication record: • "Thick-it" nectar thick consistency • "Ensure 1 bottle every meal"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will check MAR @ the end of the day for complete initial. If staff miss to initial. Retrain staff as needed.	6/23/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Miralax 3350 17 gm mixed with 8 oz. of fluid po daily" not on hand.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Miralax was ordered & received from the pharmacy.	6/21/21

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☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – "Miralax 3350 17 gm mixed with 8 oz. of fluid po daily" not on hand.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, order medication when at least 1/4 of the bottle left; follow up from the pharmacy if not received the same day. I will assign 1 SCG to do inventory of meds weekly and call pharmacy for refills.	9/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – the following medications were not renewed between 06-12-20 – 11-24-20 • "Oyster shell Calcium 500 mg 1 tab po daily" • "Seroquel 50 mg 1 tab at bedtime daily" • "Citalopram Hydrobromide 30 mg 1 tab po daily" • "Risperidal 0.5 mg 1 tab po BID" • "Famotidine 40 mg 1 tab po daily" • "Lorazepam 0.5 mg 1 tab po every 4 hours as needed for restlessness/agitation"	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – the following medications were not renewed between 06-12-20 – 11-24-20 • "Oyster shell Calcium 500 mg 1 tab po daily" • "Seroquel 50 mg 1 tab at bedtime daily" • "Citalopram Hydrobromide 30 mg 1 tab po daily" • "Risperidal 0.5 mg 1 tab po BID" • "Famotidine 40 mg 1 tab po daily" • "Lorazepam 0.5 mg 1 tab po every 4 hours as needed for restlessness/agitation"	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will check medication list from ~~MD~~ in. the MD & compare from previous med list. If medication is missing from the list, I will clarify w/ MD the same day..	6/21/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – "Lorazepam 0.5 mg 1 tab po every 4 hours as needed for restlessness/agitation," time of administration not documented on May 2021 medication record 05-26-21 – 05-31-21.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 – "Lorazepam 0.5 mg 1 tab po every 4 hours as needed for restlessness/agitation," time of administration not documented on May 2021 medication record 05-26-21 – 05-31-21.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will check the MAR @ the end of the day for missing initals. If initial is missing, I will retrain/ educate caregiver to write time of administration of prn medication	6/21/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; **FINDINGS** Resident #2 – no height documented on the height and weight record for 2020 and 2021.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I took height and documented in the Height & weight Record.	6/4/2

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☒	§11-100.1-17 Records and reports. (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: Height and weight measurements taken; **FINDINGS** Resident #2 – no height documented on the height and weight record for 2020 and 2021.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will mark my calendar to do annual height check in every January & document in the "Height & weight record.	9/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – July 2020 – May 2021 monthly progress notes did not document effectiveness of PRN medication, "Lorazepam 0.5 mg 1 tab po every 4 hours as needed for restlessness/agitation," administered daily between 1800 – 2000.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 – July 2020 – May 2021 monthly progress notes did not document effectiveness of PRN medication, "Lorazepam 0.5 mg 1 tab po every 4 hours as needed for restlessness/agitation," administered daily between 1800 – 2000.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG / SCG will document the response of lorazepam in the Progressnotes. I will put post-it / sticky pad on the MAR as a reminder for me / caregiver.	6/24/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** PCG left care home at 10:40 a.m. leaving one (1) SCG home with five (5) residents, of which two (2) residents were non self-preserving.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - Substitute Caregiver was sched. to come at 10:30 AM. PCG cant get a hold of her. but she arrived @ 11:30 AM. PCG hired additional 2 caregivers as on call	9/24/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(I)(i) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident; **FINDINGS** PCG left care home at 10:40 a.m. leaving one (1) SCG home with five (5) residents, of which two (2) residents were non self-preserving.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** 1. Will make schedule biweekly to ensure enough staffing 24 hour coverage & have ~~some~~ one alternate / oncall to cover if staff unable to make it.	6/4/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F. **FINDINGS** Hot water temperature was 122°F.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** - Water setting for hwr adjusted to 115°F	4/4/24

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☒	§11-100.1-23 Physical environment. (h)(4) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F. **FINDINGS** Hot water temperature was 122°F.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will check HW water setting at least weekly. & adjust if needed.	6/2/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (j)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; **FINDINGS** Two (2) pots of leftover/discarded food left uncovered next to kitchen sink.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Pots of leftover / discarded food was covered.	6/4/21

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☒	§11-100.1-23 Physical environment. (j)(1) Waste disposal: . Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; **FINDINGS** Two (2) pots of leftover/discarded food left uncovered next to kitchen sink.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, PCG / SCG will discard the leftover right away	6/14/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; **FINDINGS** All smoke detectors (eight (8) in total) not operable.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** All smoke detectors were replaced on 6/22/21	6/22/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-86 Fire safety. (a)(4) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following: Hard wired smoke detectors shall be approved by a nationally recognized testing laboratory and all shall be tested at least monthly to assure working order; **FINDINGS** All smoke detectors (eight (8) in total) not operable.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** - Theres available Electrician that can be contacted to replaced smoke detector immediately.	6/22/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #3 – expanded level of care (LOC); however, no case manager provided and no case management waiver requested/approved by the department.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Res. #3 approved on 6/29/24	7/9/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-88 Case management qualifications and services. (a) Case management services shall be provided for each expanded ARCH resident to plan, locate, coordinate and monitor comprehensive services to meet the individual resident's needs based on a comprehensive assessment. Case management services shall be provided by a registered nurse who: **FINDINGS** Resident #3 – expanded level of care (LOC); however, no case manager provided and no case management waiver requested/approved by the department.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the feature, before admitting expanded resident, I will make sure Case Manager is available. Apply Case Manager waiver if resident is hospice.	6/21/24

Licensee's/Administrator's Signature: _____

Print Name: RUTH PAZA

Date: 7/9/21

Licensee's/Administrator's Signature: _____

Print Name: RUTH PLAZA

Date: 8/31/21

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 9/24/24